

**LEON COUNTY, FLORIDA
TRAVEL REQUEST FORM**

Attachment # 1
Page 1 of 2

Traveler's Name: Rudy Maloy Traveler's Title: At Large Commissioner

Department Name: BOCC Division Name: Commissioners Offices

Destination: Orlando, FL

Purpose of Trip: FL Association of Counties 2003 Annual Conference

Departure Date: 17-Jun-03 Time: 7:00 a.m.

Return Date: 20-Jun-03 Time: 6:00 p.m.

ITEM	ESTIMATED EXPENSES
Lodging	390
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):	
Breakfast \$3	6
Lunch \$6	12
Dinner \$12	24
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at \$12.50 Per Quarter of each Day	
Common Carrier (e.g, Air, Plane, Bus)	\$
Rental Car - rental fee	\$
Fuel for Rental or County Owned Vehicle	\$
Use of Personal Vehicle:	
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	486
Travel miles times \$.29 per mile	140.94
Est. # of Vicinity Miles: (Allowable for official business, but must be requested separately)	30
Vicinity miles times \$.29 per mile	8.7
Registration	225
Miscellaneous Expenses:	
Limousine/Taxi Fares \$	
Public Transportation \$	
Parking \$	
Communications -- (only calls/faxes for county related business may be reimbursed) \$	
Other Miscellaneous Allowed by Policy \$	
TOTAL ESTIMATED EXPENSES	806.64

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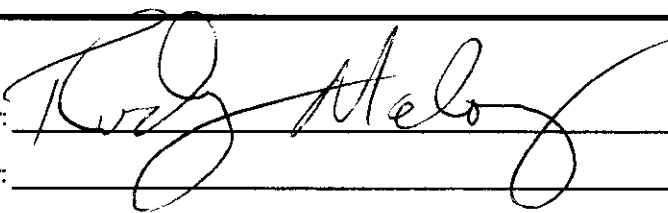
Account Number(s) to be Charged for Trip:

Account Number:	Amount:
001-106-54000-511	\$806.64

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The Purchasing Card may also be used for this purpose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To:		Check One:	
			Name:	Address:	Mail	Pickup

APPROVAL SIGNATURES

Traveler: 

Date: _____

Supervisor/Division Director: _____

Date: _____

Department Director: _____

Date: _____

County Administrator: _____

Date: _____